

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/15/54 1993

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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6						
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10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	1					
21	1	1				
22	1					
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31	1	1				
32	1	1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
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48						
49						
50						
TOTAL IND.	3		↓	↓	↓	
TOTAL DEP.	16	←	←	←		
TOTAL CLAIMS	19					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.			←	←	←	
TOTAL CLAIMS						